

4624

102

MARGIN RESERVED FOR BINDING

N.B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

 State File No. _____
 Registered No. 132

1. PLACE OF DEATH
 County Maricopa State ARIZONA
 Township _____ or Village _____
 City Mesa No. South Side St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Clyde Shamblin How long in State when death occurred? 1 yrs. 6 mos. _____ ds.
 (a) Residence: No. Chandler, Ariz. St. _____ Ward _____ (If non-resident give city or town and state)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married
 6a. If married, widowed, or divorced
 HUSBAND of Elmer Shamblin
 (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) May 9, 1893
 7. AGE Years 46 Months 3 Days 21 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (city or town) (State or Country) Oklahoma
 13. NAME John Hayhurst
 14. BIRTHPLACE (city or town) (State or Country) Oklahoma
 15. MAIDEN NAME Eugene Carlile
 16. BIRTHPLACE (city or town) (State or Country) Oklahoma
 17. INFORMANT Elmer Shamblin
 (Address) Chandler, Ariz.
 18. BURIAL, CREMATION, OR REMOVAL
 Place Mesa, Ariz. Date 9/2/39
 19. EMBALMER { License No. _____ Signature E. H. Daybell
 FUNERAL DIRECTOR Weldrum Mortuary
 Address Mesa, Ariz.
 20. Filed 9-21, 1939 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 1, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1939 to Sept 1, 1939.
 I last saw her alive on Sept 1, 1939; death is said to have occurred on the date stated above, at 2:50 P.
 The principal cause of death and related causes of importance were as follows:
postoperative surgical shock
No other change
 Other contributory causes of importance: _____
 Name of operation cholecystectomy Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Lawrence Bate M. D.
 (Address) Chandler, Ariz.